

2. TECHNICAL PROPOSAL/PROGRAM SPECIFICATIONS

In this section, you are being asked to describe how your organization will assure the provision of the following:

A. Infrastructure

Grantee must ensure capacity for the CIS system of services.

Grantee must describe how the work of the CIS system aligns with the work of the regional Building Bright Futures council.

CDD is requiring that each proposal include funding for a minimum of one full time CIS Coordinator and one full time CIS Child Care Coordinator per 100,000 residents in the service area. Describe how your organization will meet this requirement – include an organizational chart that illustrates how these two positions fit within the organization.

For CIS Coordinator and CIS Child Care Coordinator - If these positions are currently filled, attach staff resumes. If these positions are vacant or newly created they must comply with the basic functions and minimum qualifications attached (**see attachment ?**). Include professional qualifications and experience of these staff with your proposal. Existing staff may be grandfathered for this initial grant period based on years of experience and an active individualized professional development plan upon approval from the State CIS Team.

Describe the method of supervision and professional development requirements for the CIS Coordinator and CIS Child Care Coordinator.

CDD will expect three teams in each AHS district –

- the CIS Systems Team – regularly scheduled meetings to discuss local systemic issues,
- the CIS Referral and Intake Team – at a minimum, weekly scheduled meetings to review referrals and intakes and identify initial primary service coordinators, and
- the CIS Consultation Team – meetings scheduled as needed upon request of the family or family's CIS team. Membership determined based on the issues presented.

These three teams are differentiated from the individual child/family team serving the child as described in section E below.

Describe how the CIS Systems Team functions, including how your organization will ensure participation in the CIS Systems Team by the following critical partners (others may be included at the discretion of the community):

- CIS Coordinator;
- CIS Child Care Coordinator;
- representatives from:
 - Nursing and Family Support (NFS),
 - Early Intervention (EI), and
 - Early Childhood and Family Mental Health (ECFMH);
- Early Head Start and Head Start;

- substance abuse preferred providers;
- Vermont Department of Health (VDH) Maternal Child Health Coordinator;
- representation from Special Education, and
- the Agency of Human Services (AHS) Field Director.

See section C below to describe how the CIS Referral and Intake Team will meet the basic functions as outlined.

Describe how the CIS Consultation Team functions, including:

- membership of this ad hoc team,
- protocol for initiating a consultation with this team,
- communication with community partners, and
- ensuring access to needed community expertise.

Describe the current information technology (IT) system capacity in your organization. The grantee will be expected to enter data into the state's web-based CIS data management system currently under development.

B. Outreach

Please submit an updated regional outreach plan that describes how grantee will promote CIS in the community. Grantee will be required to use resources developed or approved by CDD. The plan must include, at a minimum:

- efforts to educate primary referral sources, such as families, hospitals, physicians, health care providers, medical homes, home health agencies, public health services, child care, and public schools about the resources available through CIS and how to access them;
- efforts to use the Child Find and referral system to identify children birth to age three with disabilities;
- how grantee will foster community resource development to improve access to services for pregnant women and parents with young children.

C. Referral and Intake

Initial identification and referral is important for pregnant/postpartum women and families with young children who have a suspected developmental delay, condition, or risk situation that CIS may be able to impact.

Describe how grantee will assure the following team functions:

- meeting at least weekly,
- ensuring verbal consent is received for all referrals,
- addressing all referrals within two business days,
- managing incoming referrals including,
 - triaging urgent care,
 - referring children birth through age three with developmental concerns to Early Intervention for evaluation within the timeframe mandated under Federal law,
 - ensuring all referrals receive a multidisciplinary review by the team

- decision-making process for identifying the appropriate staff person for the initial intake and screening,
- ensuring that contact (defined as two individuals talking with each other) is made with all other referred families within five business days from date of referral,
- ensuring appropriate written authorization is obtained at initial intake,
- how screening results are communicated to the rest of the team including the referral source,
- how subsequent assessment needs are identified and assigned, and how additional expertise is brought in when necessary.

The grantee is required to use the CIS Referral Form (CIS-01) for all referrals, and all referrals will need to be initially triaged by the CIS Coordinator. The CIS Initial Intake Form (CIS-02) is required for all initial intakes. For early intervention services the Insurance Information Form (CIS-02 Supplemental) is required for use to determine if insurance can be billed for services listed in the child's One Plan. The CIS Authorization Form (CIS-03) is required to obtain permission to share intake and other information with the CIS team. The grantee will need to ensure that all required data is entered into the CIS data system (when operational). In the interim, data must be either manually managed or through the use of the organization's data system. Referral and intake data must be unduplicated and complete. **Performance measure; 90% of data submitted to CIS is accurate and complete.**

D. Multi-disciplinary Screening and Assessment

Comprehensive, initial and ongoing assessment of challenges and progress is critical to achieving the individualized outcomes developed for the One Plan. Multiple perspectives contribute to a better planning process and lead to meaningful goals. A multi-disciplinary team brings together resources that allow for the use of a comprehensive, inclusive lens of early childhood development, rather than a specific service system lens.

Describe your process for:

- Conducting timely and comprehensive screening and/or assessment of the needs of children and families, using standardized assessment tools chosen from the list below.
- Identifying and working with the strengths and capabilities of families and their children. Supports and services are responsive to and build on these strengths and competencies.
- Ensuring assessments address physical, psycho-social and environmental health, including both protective and risk factors.
- Consider relevant information from other sources, such as health care provider, child care provider, or others involved with the child and family, as the service plan is developed

Insert list of approved assessment tools

Nursing and Family Support:

To be determined

Early Intervention:

- **AEPS (Assessment, Evaluation, and Programming for Infants and Young Children, 1993)**
A Curriculum Based assessment that addresses the 5 domains identified in IDEA (does not include emotional component).
Age range:
1 mo to 3 years; 3 to 6 years
Test Administration:
Through observation (preferred method), direct test or report. Observation of child occurs in familiar, natural settings during routine activities.
- **DAYC (Developmental Assessment of Young Children, 1998)**
Description:
Norm-referenced assessment examining all 5 domains as identified by IDEA.
Age range:
Birth to 5 years 11 months
Test Administration:
Observation of child in natural setting, caregiver/parent interview and direct assessment
- **Mullen Scales of Early Learning (1995)**
Description:
A Norm-referenced assessment of 3 of 5 IDEA scales: physical (i.e., gross motor, fine motor), cognitive (i.e., visual reception), and communication (i.e., receptive and expressive language).
Age range:
Birth to 5 years 8 months for all scales except gross motor, which is birth to 33 months.
Test Administration:
Most items follow standardized procedures for administration, some involve parent report and a few involve observation.
- **HELP (Hawaii Early Learning Profile, 1997; revision)**
Description:
Curriculum-based assessment that addresses 5 domains similar to those identified by IDEA Part C. They are Cognitive, Physical (i.e., Gross Motor, Fine Motor, and regulatory/sensory organization), Social-emotional, Communication (language) and Adaptive (i.e., Self-Help). Based on Gesell and Ilg's work and developed by a multidisciplinary team including pediatrician, psychologist, OT, PT, teachers, social worker and parents.
Age range:
Birth to 3 years; 3 to 6 years
Test Administration:
Through observation, parent interview and structured eliciting. Observation of child should occur during play or daily activities

Early Childhood and Family Mental Health:

To be determined.

E. Integrated Service Plan – One Plan

Partnering with families and service providers to plan the individualized outcomes is a process that builds on the multi-disciplinary assessment and becomes the central part of the One Plan. Outcomes should be relevant and meaningful to the family. These outcomes and strategies guide the work that takes place between the service providers and the families.

Describe how grantee will ensure the development of a family-based service plan that includes, at a minimum:

- identification of a primary service coordinator,
- monitoring and evaluation of status and support needs,
- inclusion of family's service providers on the individual child/family team (including school personnel, health care providers, juvenile justice, law enforcement, and other AHS staff),
- identification of how services are delivered and/or supported within the child care setting when child care is part of a child/family's plan.

Describe the process for ensuring plans are reviewed and updated at least every six months or more often as needed or when there is a change identified. Identify the quality assurance processes to assure accurate and complete data.

The grantee is required to use the CIS One Plan as the planning and service delivery documentation for children/families.

F. Service Delivery

Service delivery occurs in the natural environments of the families or children to the maximum extent possible – the home or a community-based program or setting. They are based on scientifically-based research (best and promising practices) and provided by adequately and appropriately qualified and supervised professionals who receive on-going professional development. Standards for training and supervision are identified in **Appendix X**. The services provided depend upon what families and pregnant/postpartum women are seeking and the age, strengths, and current functioning of the child and family.

Services may be provided in child care settings where appropriate as part of the CIS service array. This may involve either working with an individual child, or providing consultation to child care staff to build skills or capacity for providing high quality child care to children with special needs. Consultation and services may also be provided in other community-based settings to support children's inclusion with typically developing peers.

Describe how grantee will ensure the provision of specific, individualized and outcome oriented services to assist children and their families in developing skills and social supports to promote positive growth in the following areas:

Nursing and Family Support (pregnant and postpartum women and children birth to age 6)

- health education and counseling to promote wellness, normal growth and development, injury prevention, safety, behavior modification/change, risk reduction, nutrition, management of illness, medication management, environmental exposures, trauma and abuse,
- individual or group education for childbirth preparation,
- child development and parenting skill development, and
- referrals and ongoing support to ensure the child and/or parent has access to a medical and dental home.

Early Intervention (children birth to age 3)

- early intervention services to children experiencing cognitive, physical, communication, social/emotional or adaptive delay or who have a diagnosed medical condition that has a high probability of resulting in developmental delay,
- children referred to CIS from the Family Services Division with a substantiated case of abuse and/or neglect are automatically eligible for an evaluation.

Early Childhood and Family Mental Health (children through age 6 and their families)

- CIS Mental health supports are intended to assist children, families, child care and other service providers to develop skills and to access and effectively utilize community services and activities to prevent, promote, and sustain children's healthy social, emotional, and behavioral development.
- Mental health consultation and education promotes the social, emotional and positive behavioral development, and prevents or reduces the impact of mental health problems in young children. Consultation is intended to build the skills and capacity of other adults (parents, child care providers, teachers, or service professionals) in order that those adults might be better prepared to support or address children's healthy social, emotional and behavioral health and development. Early childhood and family mental health consultation and education may be:
 - child- or family-centered, which seeks to address factors contributing to a child/family's social, emotional, or relational difficulties; or
 - program-centered, which seeks to improve the overall quality of a program (often a child care program) or enhance staff skills to address issues within the setting that affect a child or group of children's social, emotional, or behavioral health and development.
- Short-term interventions may be provided to children and/or families when consultation or education is insufficient to address the need. Therapeutic services include assessments, limited individual, group and family counseling, or behavioral intervention. Therapeutic interventions are provided to address diagnosed conditions affecting a child or family's social-emotional health.

Specialized Child Care

For many children, child care is second only to the family as a place where a child's development unfolds. Research shows that a child's environment and early experiences affect brain development. For parents under stress, quality child care with specific supports can help strengthen their family and promote their child's healthy development.

Describe how grantee will ensure that children with the following needs are referred to appropriate specialized child care, and how grantee will manage this aspect of service provision within the context of CIS (see attachment _____ *basic functions*):

- children served by the Family Services Division of the Department for Children and Families;
- children living in families that are experiencing short-term, significant stress in areas such as safety, shelter, emotional stability, substance abuse or children's behaviors;
- children with special physical or developmental needs with a CIS One Plan, an Individualized Education Plan, or a Coordinated Services Plan;
- child- and program-centered consultation by CIS service providers can improve the quality and capacity of early childhood child care programs to support children's healthy development and mitigate risk factors leading to better outcomes for all children in their care.

In addition to the specific services outlined above, all service delivery includes the basic functions of:

- Consultation to child care and other early care and education programs to support skill development among professionals to enable them to address children's needs within their setting
- Service planning and coordination

G. Transition

Transition services address any pregnant/postpartum woman, child or family leaving services or changing providers or locations. When families leave CIS, continuing family support issues should be considered early on in the planning of services. Smooth and successful transitions for the child and family are important to positive outcomes, and the appropriate people need to be involved in the planning process (current service providers as well as the new ones)

Describe how grantee will:

- ensure that schools are notified of a child's potential eligibility for Part B pre-school special education at least 6 months prior to the child's 3rd birthday per federal requirements for children receiving early intervention services
- ensure that all children, families and providers receive a written transition plan, **do providers need a transition plan or a copy??**
- with parental consent, ensure a transition conference is convened at least 90 days prior to the transition date. Federal regulations for early intervention require documentation of the date the conference was convened
- provide written notification to families that are lost to contact.

Funding awarded through this RFP will be used to provide the services listed in Sections A through G above. Other necessary services (as determined by the CIS team supporting the child/family and included in the One Plan) beyond those listed above may be reimbursed through other funding sources. Additional nursing and family support services may be reimbursed through the child or families' public or private health insurance. Additional Early childhood and family mental health services may be reimbursed through the child's public or private health insurance or through state funding provided to designated mental health agencies to provide mental health services. Additional early intervention services – for example speech language, occupational and physical therapy - may be reimbursed through funds allocated for this purpose.

H. Outcomes

I. Reporting Requirements

J. Payment Provisions???

K. Attachments